



**Yatindra Sharma-AMA Academy for  
Vocational Education**



## **Vocational Training Programme Healthcare Assistant**

**(A Vocational Programme after 12<sup>th</sup> Std.)**

**Programme Duration: 3 months • 11 weeks • Friday, Saturday & Sunday**

**Fridays & Saturdays, 3.00 to 7.00 p.m. • Sunday, 9.30 a.m. to 1.00 p.m.**

**Course Starting from Friday, April 12 to June 23, 2019**

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**Venue:** Torrent-AMA Management Centre, Core-AMA Management House,  
ATIRA Campus, Dr. Vikram Sarabhai Marg, Ahmedabad 380 015.

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### **Introduction:**

The Healthcare Assistant Programme is designed for providing primary healthcare education to students and youth. This Programme aims at developing a cadre of healthcare assistants by imparting knowledge and skill-building trainings to meet the emerging demand of healthcare assistance required by the patients, elderly or the people with disabilities. The Programme will also enable the participants to earn their livelihood and make them self-sufficient.

### **Programme Schedule (week-wise):**

- WEEK – 1** : • Functions of the Healthcare Assistants  
• Organizational Behaviour & Soft Skills – 1  
• Role of Healthcare Assistants in Special Care  
• Professional Behaviour in Home-Care Setting
- WEEK – 2** : • Medical Terminology  
• Organizational Behaviour & Soft Skills – 2  
• Measurements & Documentation  
• Personal Hygiene and Hygiene Standards
- WEEK – 3** : • Structure and Function of Human Body  
• Organizational Behaviour & Soft Skills – 3  
• Body Mechanics – I  
• Body Mechanics – II
- WEEK – 4** : • Primary Medical Care and Immunization  
• Organizational Behaviour & Soft Skills – 4  
• Patient's Environment – I  
• Patient's Environment – II
- WEEK – 5** : • Patient's Rights  
• Organizational Behaviour & Soft Skills – 5  
• Patient Safety  
• Consent, Observing and Reporting
- WEEK – 6** : • First Aid  
• Organizational Behaviour & Soft Skills – 6  
• Dressing  
• Infection Control & Prevention

- WEEK – 7 : • Bathing  
• Organizational Behaviour & Soft Skills – 7  
• Skin Care  
• Oral Care
- WEEK – 8 : • Hair and Nail Care  
• Organizational Behaviour & Soft Skills – 8  
• Excreta Elimination  
• Nutrition and Hydration
- WEEK – 9 : • Positioning  
• Organizational Behaviour & Soft Skills – 9  
• Transferring  
• Mobility
- WEEK – 10 : • Fall Prevention  
• Organizational Behaviour & Soft Skills – 10  
• Biomedical Waste Management  
• Emergency Medical Response – I
- WEEK – 11 : • Emergency Medical Response – II  
• Organizational Behaviour & Soft Skills – 11  
• Special Procedures  
• Exams
- Faculty** : A team of experts from Lifeline Foundation, Vadodara will conduct the Programme.
- Certificate** : Certificate will be issued to successful candidates. There will be a written test for theory and test for practicals.
- Fees** : Fee Rs.9000/- per person including GST. Fee includes course fee, cost of reading material and refreshments. Under no circumstances, fee paid will be refunded. Fee once paid will not be adjusted for any future batch of similar or any other Programmes conducted by AMA.
- Registration** : Please fill-in and return the application form along with 2 photographs to:**Ahmedabad Management Association**, ATIRA Campus, Dr. Vikram Sarabhai Marg, Ahmedabad 380015 Phone: 079-26308601-5 • Mobile: 9537407187, 7069940917, 7203030990 • Fax: 079–26305692 • E-mail: ama@amaindia.org Website: www.amaindia.org



**APPLICATION FORM**

**Vocational Training Programme  
Healthcare Assistant**

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To:

Ahmedabad Management Association  
ATIRA Campus, Ahmedabad 380 015

Attach  
photograph

Dear Sir,

I the undersigned hereby apply for admission to the Vocational Certificate Programme on **Healthcare Assistant** and provide the details as under:

1. (First Name: IN CAPITAL LETTERS) Father's/Husband' Name      Family Name

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2. Age (completed years) \_\_\_\_\_

3. Address for communication:

\_\_\_\_\_  
\_\_\_\_\_

Telephone No. (R) \_\_\_\_\_ (M)

\_\_\_\_\_

Email Id: \_\_\_\_\_

4. Educational qualifications

\_\_\_\_\_  
\_\_\_\_\_

5. If employed, please give details:

Designation : \_\_\_\_\_

Organization : \_\_\_\_\_

Telephone No. : \_\_\_\_\_ Email id: \_\_\_\_\_

Date:

Signature